



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Rocio's Learning Development Ctr.	Date of Inspection:	4/1/25	Time of Arrival:	10:00
Address:	40 Mallanc Lane	License Number:	pending	Expiration Date:	pending
Town:	Naugatuck, CT 06170	Telephone Number:		Summer Care:	Open
Operator:	Rocio's Learning Development Ctr, LLC	# of Staff Present:	7	# over 3 Present:	4
Email:	rociolearningcenter@gmail.com	Total Capacity:	46	Total Under 3 capacity:	26
Designated Director:	Meliana Perez	Hours/Days of Operation:	M-F 4:30-5:30		

Instruction Codes: Regulation in Compliance Regulation not in Compliance NA - Not applicable at this time

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a STAFFING and CONSULTANTS 19a-79-4b

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>2/25/25</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
<input type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
<input type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
<input type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
<input type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> 38. (h)(1)	First aid certified program staff
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 39. (h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
<input type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> 45. (i) -	Non-swimmers identified
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted		

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>Rocio's Learning Development Ctr.</i>	LICENSE NUMBER <i>Pending</i>	DATE OF INSPECTION <i>4/1/25</i>
RECORD KEEPING 19a-79-5a		

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79.		SMOKING
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> 81.		TOILETING
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 82.		Shared toilets/sinks-supervision plan

HEALTH and SAFETY 19a-79-6a					
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 83.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		(d)(10)(C)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)		(d)(10)(E)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 86.	(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 87.	(d)(10)(G)	Mechanical ventilation <small>(after 11/99) (Grp Homes only)</small>
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)	<input checked="" type="checkbox"/> 88.	(d)(10)(H)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep		(d)(11)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 89.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 90.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 91.	(e)(4)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier		<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair

PHYSICAL PLANT 19a-79-7a					
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>2/29/25</u>	<input checked="" type="checkbox"/> 95.	(e)(10)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96.	(e)(11)	Enough lighting for comfort
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		<input checked="" type="checkbox"/> (e)(9)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/> 97.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free <u>Stony</u> (N/A)	<input checked="" type="checkbox"/> 98.	(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 99.	(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public Well (Schools-N/A)	<input checked="" type="checkbox"/> 100.	(e)(16)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>2/19/25</u>	<input checked="" type="checkbox"/> 101.	(e)(17)	Measures to prevent vermin
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>2/19/25</u>	<input checked="" type="checkbox"/> 102.	(e)(18)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessibile	<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: <u>0/N</u> Lead Test: <u>0/N</u> Results <u>No lead identified</u>	<input checked="" type="checkbox"/> 104.	(g)(1)	Program space-adequate-35 sq. ft. per child
		Lead Management Plan <u>N/A</u>	<input checked="" type="checkbox"/> 105.	(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		Peeling Paint - <u>Y/N</u> Inside/Outside	<input checked="" type="checkbox"/> 106.	(g)(3)	Adequate equipment for rest-cleaned-cots <small>(Cep Homes only - note cleaning bags)</small>
			<input checked="" type="checkbox"/> 107.	(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Rocio's Learning Development Ctr.	LICENSE NUMBER Pending	DATE OF INSPECTION 4/1/25
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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited (N/A)
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Group Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/>	129.	(e)(2)	
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	130.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>	131.	(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input checked="" type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.		
<input checked="" type="checkbox"/>		(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

DIAPERING cont.

Diaper area: used only for this purpose, located in the program area

Diaper area: non-porous surface/good repair

Diaper area: washed/disinfected after use

Diaper area: disposable paper sheets

Covered waste receptacle-removed daily

Handwashing-staff/children

Diapering-Handwashing policies-posted/followed

Cloth diapers-written plan developed

LINENS/CLOTHING

Linens/emergency clothing available

Linens washed weekly or as needed

Linens/clothing stored individually

Cribs/cots cleaned-linens changed when shared

SAFE SLEEP

Under 12 mths placed on back for sleeping

Crib-slug fitting mattress/tightly fitted sheet

Alternate sleep position/equipment-medical documentation for medical reason on file

Infants allowed to adopt other sleep positions

No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles

No unapproved sleeping-car seats/swings/beds, etc.

No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes

Observe/assess infants at least every 15 minutes

Teething necklaces/bracelets, jewelry inaccessible

Safe sleep policies - parents informed

TOYS AND OTHER OBJECTS

Infant toys-separate/washed/sanitized daily

Toddler toys-washed/sanitized weekly

No toys/objects less than 1 1/4" diameter

Plastic bags/balloons/styrofoam inaccessible unless under direct supervision

Health consultant visits/documentation

FEEDING

Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle

Written feeding schedule from parent-updated

Unused formula/milk discarded after feedings

Clean bottles/disposable bottles/appvd washing

Baby food served from dish or whole jar

Bottles labeled with child's name

Outdoor spaced fenced-4 ft (lic. after 1/1/25)

Outdoor equipment-developmentally appropriate for ages of the children

Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.		Group size- max. 30

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rocio's Learning Development Center License # Pending Date: 4/1/25

Observations/Corrections needed:

- II - policies incomplete
- IP - Administrative oversight policy not posted.
- 101 - radon test not conducted within 1 year.
- III - 2 small climbers on the playground not secured.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Kristin Evelyn Quinones
(OEC Representative)

Print Name: Kristin Morgan Evelyn Quinones

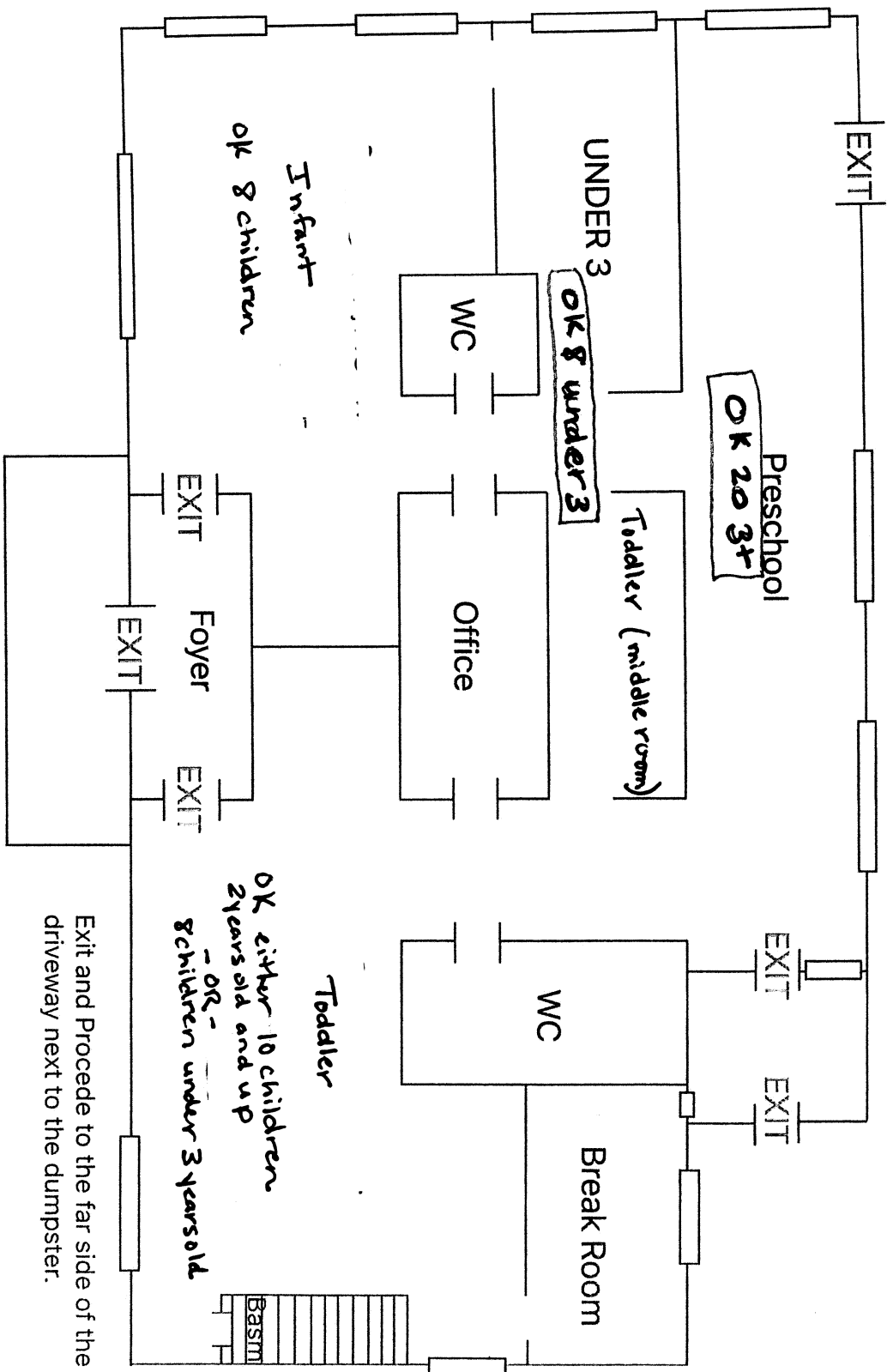
CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Rocio Pena V
(Person in Charge)

OEC BY: prior to license.

Print Name: Rocio Pena Valdez

#119



SHARLING & CARLING DAYCARE LLC

As of:

4/1/25

Children's Toilets - 3

Sinks - 10

Adult Bathroom - 1

Total Capacity: 46

Under 3 Capacity: 26

11a

SHARING & CARING DAYCARE LLC
40 Mallane Ln, Naugatuck CT 06770

